



MASTER LICENSE SERVICE  
DEPARTMENT OF LICENSING  
P.O. BOX 9034  
OLYMPIA, WA 98507-9034  
Telephone: (360) 664-1400

UBI NUMBER
LICENSE NUMBER

## FINANCIAL STATEMENT

Complete all spaces or print N/A in spaces that do not apply.

TYPE OF LICENSES YOU ARE APPLYING FOR: <input type="checkbox"/> LIQUOR <input type="checkbox"/> GAMBLING				
<b>BUSINESS LOCATION INFORMATION</b>		BUSINESS NAME (DBA or trade name)		
LOCATION ADDRESS: Street or Route	City	County	State or Country	Zip Code

THIS FINANCIAL STATEMENT IS FOR: (Choose either No. 1 or No. 2)

<input type="checkbox"/> <b>1. AN INDIVIDUAL (can be joint for husband and wife)</b>				
I AM A: (Check appropriate boxes) <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> FINANCIER <input type="checkbox"/> LLC MEMBER				
<input type="checkbox"/> CORP. OFFICER Title: <input type="checkbox"/> STOCKHOLDER (10% or more) <input type="checkbox"/> OTHER:				
NAME: Last	First	Middle		
HOME MAILING ADDRESS: Street or Route	City	County	State or Country	Zip Code
DAY/CELL PHONE ( )	EVENING PHONE ( )	FAX NUMBER ( )		

<input type="checkbox"/> <b>2. A BUSINESS ENTITY</b>				
BUSINESS ENTITY IS A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP				
NAME OF BUSINESS ENTITY				
BUSINESS ENTITY MAILING ADDRESS: Street or Route	City	County	State or Country	Zip Code
DAY/CELL PHONE ( )	EVENING PHONE ( )	FAX NUMBER ( )		

ASSETS					
<b>A BANK ACCOUNTS</b> (List all personal/business accounts you have signature authority over, and any accounts of which you are the beneficiary.)					
BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	Date	BALANCE Amount	AUTHORIZED SIGNATURE(S)

B	INCOME FOR LAST 12 MONTHS	SELF	ENTITY	SPOUSE
	ANNUAL GROSS SALARY			
	ANNUAL BONUS/COMMISSION/DIVIDEND			
	OTHER ANNUAL INCOME			

C	TOTAL CASH OTHER THAN IN BANK	MONIES HELD IN ESCROW	
	LOCATION OF CASH	DATE	AMOUNT

D STOCKS, BONDS, AND MUTUAL FUNDS						
COMPANY NAME	TYPE (Mutual fund, IRA, etc.)	ACCOUNT NUMBER	DATE ACQUIRED	NO. OF SHARES/ FACE VALUE	TOTAL MARKET VALUE Date Value	AUTHORIZED SIGNATURE(S)

RETURN WHITE AND YELLOW COPY

KEEP PINK COPY

**FINANCIAL STATEMENT (Page 2)**

<b>E NOTES AND ACCOUNTS RECEIVABLE</b> (Monies owed to you and/or your business)				
FROM WHOM (Full name, Address)	DATE ACQUIRED	MONTHLY PAYMENT	CURRENT BALANCE	DUE DATE

<b>F REAL ESTATE OWNED</b>			
ADDRESS OF PROPERTY COVERED	TITLE IN NAME OF	VALUE OF LAND AND/OR BLDG	MONTHLY RENT PAID TO YOU

<b>G VEHICLES/BOATS OWNED</b>				
YEAR	MAKE	DATE ACQUIRED	MODEL	FAIR MARKET VALUE

<b>H MISCELLANEOUS</b> (Other assets, such as personal property valued over \$1,000, life insurance policies, Gae/Kye, etc.)		
DATE ACQUIRED	DESCRIPTION OF ASSET	APPROXIMATE VALUE/BALANCE

<b>LIABILITIES</b>			
<b>A NOTES, ACCOUNTS, BILLS, CREDIT CARDS AND MISCELLANEOUS DEBTS THAT ARE OVER \$500</b> (Include relatives)			
TO WHOM (Full name, address)	CURRENT BALANCE		MONTHLY PAYMENT
	Date	Amount	

<b>B MORTGAGES, LEASES AND CONTRACTS OWING</b> (Including rent/lease payments)				
ADDRESS OF PROPERTY COVERED	FULL NAME OF LENDER/LANDLORD	CURRENT BALANCE		MONTHLY PYMT
		Date	Amount	

<b>GENERAL INFORMATION</b>	
<b>For all questions in this block, use additional pages to fully explain any "Yes" answers to the questions below. Attach copies of documents and court papers.</b>	
1) Are any personal or business assets pledged or mortgaged other than as shown above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you been a defendant in any suits or legal actions regarding financial matters within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you ever filed for personal bankruptcy, or been part of a business in which you had 5% or more ownership or financial interest that has filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have you ever made court ordered payments, or been part of a business in which you had 5% or more ownership or financial interest that ever made court ordered payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that this Financial Statement represents my true financial status as of this date. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

**X** \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTNAME

\_\_\_\_\_  
DATE